

BCC NAME

FOSTER CARE SERVICES COMMITTEE, SAN DIEGO COUNTY

COUNTY DEPARTMEN

CHILDREN'S SERVICES BUREAU

CONTACT PERSON

DEBORAH ZANDERS-

PHONE NUMBER

858-694-5413

MAILSTOP

W94

FAX NUMBER

(858) 694-5475

E-Mail Address:

MEMBER NAME	Abel, Bruce					
APPOINTMENT	12/1/2000	MO#		EXPIRATION	12/1/2004	TERM 4-YEARS
NOMINATED BY	HEALTH & HUMAN SERVICES AGENCY (HHS)			APPOINTED BY	Board of Supervisors	
REQUIREMENT	HHS - POLINSKY CHILDREN'S CENTER			COMMENTS		

MEMBER NAME	Barnes, Frank					
APPOINTMENT	12/1/2000	MO#		EXPIRATION	12/1/2004	TERM 4-YEARS
NOMINATED BY	PROBATION FPA			APPOINTED BY	Board of Supervisors	
REQUIREMENT	FPA Representative			COMMENTS		

MEMBER NAME	Behana, Nory					
APPOINTMENT	12/1/2000	MO#		EXPIRATION	12/1/2004	TERM 4-YEARS
NOMINATED BY	FOSTER CARE EDUCATION			APPOINTED BY	Board of Supervisors	
REQUIREMENT	CBO Representative			COMMENTS		

MEMBER NAME	Boelter, Sandra					
APPOINTMENT		MO#		EXPIRATION		TERM 4-YEARS
NOMINATED BY	FOSTER CARE EDUCATION/TRAINING PROGRAM			APPOINTED BY	Board of Supervisors	
REQUIREMENT	FOSTER CARE EDUCATION/TRAINING PROGRAM REP			COMMENTS		

MEMBER NAME	Boles, Patty					
APPOINTMENT	12/1/2000	MO#		EXPIRATION	12/1/2004	TERM 4-YEARS
NOMINATED BY	NORTH SD COUNTY FPA			APPOINTED BY	Board of Supervisors	
REQUIREMENT	HHS - Representative			COMMENTS		

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E-Mail Address:**MEMBER NAME**

Burke, Barbara

APPOINTMENT

12/1/2000

MO#**EXPIRATION**

12/1/2004

TERM

4-YEARS

NOMINATED BYHEALTH & HUMAN SERVICES AGENCY
(HHS)**APPOINTED BY**

Board of Supervisors

REQUIREMENT

HHS - POLICY & PROGRAM SUPPORT

COMMENTS**MEMBER NAME**

Caderas, Lorel

APPOINTMENT**MO#****EXPIRATION****TERM**

4-YEARS

NOMINATED BY

SD FPA

APPOINTED BY

Board of Supervisors

REQUIREMENT

FPA Representative

COMMENTS**MEMBER NAME**

Edwards, Lorena

APPOINTMENT

12/1/2000

MO#**EXPIRATION**

12/1/2004

TERM

4-YEARS

NOMINATED BYHEALTH & HUMAN SERVICES AGENCY
(HHS)**APPOINTED BY**

Board of Supervisors

REQUIREMENT

HHS - PLACEMENT SPECIALISTS

COMMENTS**MEMBER NAME**

Fitzpatrick, Anne

APPOINTMENT

6/29/1993

MO#

76

EXPIRATION

5/4/1997

TERM

4-YEARS

NOMINATED BY

FOSTER PARENT ASSOCIATION

APPOINTED BY

Board of Supervisors

REQUIREMENTFOSTER PARENT ASSOCIATION
REPRESENTATIVE**COMMENTS****MEMBER NAME**

Fried, Tracy

APPOINTMENT

12/1/2000

MO#**EXPIRATION**

12/1/2004

TERM

4-YEARS

NOMINATED BY

DEPARTMENT OF SOCIAL SERVICES

APPOINTED BY

Board of Supervisors

REQUIREMENT

SOCIAL SERVICES REPRESENTATIVE

COMMENTS

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E-Mail Address:

MEMBER NAME	Giraldi, Gloria					
APPOINTMENT	12/1/2000	MO#		EXPIRATION	12/1/2004	TERM 4-YEARS
NOMINATED BY	HHSA, MENTAL HEALTH			APPOINTED BY	Board of Supervisors	
REQUIREMENT	HHSA Representative			COMMENTS		

MEMBER NAME	Hankius, Addie					
APPOINTMENT	12/1/2000	MO#		EXPIRATION	12/1/2004	TERM 4-YEARS
NOMINATED BY	PROBATION FPA			APPOINTED BY	Board of Supervisors	
REQUIREMENT	FPA Representative			COMMENTS		

MEMBER NAME	Kelly, Virginia					
APPOINTMENT	6/29/1993	MO#	76	EXPIRATION	5/4/1997	TERM 4-YEARS
NOMINATED BY	FOSTER PARENT ASSOCIATION			APPOINTED BY	Board of Supervisors	
REQUIREMENT	FOSTER PARENT ASSOCIATION REPRESENTATIVE			COMMENTS		

MEMBER NAME	Kerwood, Denise					
APPOINTMENT	12/15/1992	MO#	51	EXPIRATION	5/4/1995	TERM 4-YEARS
NOMINATED BY	FOSTER FAMILY AGENCY			APPOINTED BY	Board of Supervisors	
REQUIREMENT	GROUP HOME REPRESENTATIVE			COMMENTS		

MEMBER NAME	Larsen, Meredith					
APPOINTMENT	12/1/2000	MO#		EXPIRATION	12/1/2004	TERM 4-YEARS
NOMINATED BY	DEPARTMENT OF SOCIAL SERVICES			APPOINTED BY	Board of Supervisors	
REQUIREMENT	SOCIAL SERVICES REPRESENTATIVE			COMMENTS		

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W94

FAX NUMBER

(858) 694-5475

E-Mail Address:**MEMBER NAME**

Morgan, Nina

APPOINTMENT

12/1/2000

MO#**EXPIRATION**

12/1/2004

TERM

4-YEARS

NOMINATED BY

RELATIVE CARE GIVER ORGANIZATION

APPOINTED BY

Board of Supervisors

REQUIREMENTRELATIVE CARE GIVER
ORGANIZATION REPRESENTATIVE**COMMENTS****MEMBER NAME**

Rahiser, Patti

APPOINTMENT

12/1/2000

MO#**EXPIRATION**

12/1/2004

TERM

4-YEARS

NOMINATED BYHEALTH & HUMAN SERVICES AGENCY
(HHSA)**APPOINTED BY**

Board of Supervisors

REQUIREMENTHHSA - ASSISTANT DPTY DIRECTOR
CHILDRENS SVS**COMMENTS****MEMBER NAME**

Sahagun, Nadine

APPOINTMENT

6/29/1993

MO#

76

EXPIRATION

5/4/1997

TERM

4-YEARS

NOMINATED BYNORTH COUNTY FOSTER PARENT
ASSOCIATION**APPOINTED BY**

Board of Supervisors

REQUIREMENTNO COUNTY FOSTER PARENT ASSN
REPRESENTATIVE**COMMENTS****MEMBER NAME**

Simeral, Una

APPOINTMENT

12/1/2000

MO#**EXPIRATION**

12/1/2004

TERM

4-YEARS

NOMINATED BY

REGIONAL CENTER

APPOINTED BY

Board of Supervisors

REQUIREMENT

CBO Representative

COMMENTS**MEMBER NAME**

Stolz, Debbie

APPOINTMENT

12/1/2000

MO#**EXPIRATION**

12/1/2004

TERM

4-YEARS

NOMINATED BY

FOSTER PARENT ASSOCIATION

APPOINTED BY

Board of Supervisors

REQUIREMENTFOSTER PARENT ASSOCIATION
REPPRESENTATIVE**COMMENTS**

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FAX NUMBER

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E-Mail Address:**MEMBER NAME**

VACANT

APPOINTMENT**MO#****EXPIRATION****TERM**

4-YEARS

NOMINATED BY

CBO OTHER

APPOINTED BY

Board of Supervisors

REQUIREMENT

CBO Representative

COMMENTS**MEMBER NAME**

VACANT

APPOINTMENT**MO#****EXPIRATION****TERM**

4-YEARS

NOMINATED BY

Foster Youth Org

APPOINTED BY

Board of Supervisors

REQUIREMENT

CBO Representative

COMMENTS**MEMBER NAME**

VACANT

APPOINTMENT**MO#****EXPIRATION****TERM**

4 YEARS

NOMINATED BY

CBO Other

APPOINTED BY

Board of Supervisors

REQUIREMENT

CBO Representative

COMMENTS**MEMBER NAME**

VACANT

APPOINTMENT**MO#****EXPIRATION****TERM**

4-YEARS

NOMINATED BY

CBO Other

APPOINTED BY

Board of Supervisors

REQUIREMENT

CBO Representative

COMMENTS**MEMBER NAME**

VACANT

APPOINTMENT**MO#****EXPIRATION****TERM**

4-YEARS

NOMINATED BY

CBO Other

APPOINTED BY

Board of Supervisors

REQUIREMENT

CBO Representative

COMMENTS

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4-YEARS

NOMINATED BY

CBO Other

APPOINTED BY

Board of Supervisors

REQUIREMENT

CBO Representative

COMMENTS

MEMBER NAME

Vickery, Judy

APPOINTMENT

12/1/2000

MO#**EXPIRATION**

12/1/2004

TERM

4-YEARS

NOMINATED BYHEALTH & HUMAN SERVICES AGENCY
(HHSA)**APPOINTED BY**

Board of Supervisors

REQUIREMENT

HHSA - OPTIONS

COMMENTS